

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type:: Regular
Subject Matter:: Utility
Title:: Emulator Device
Attorney Docket Number:: 100/10010
Request for Early Publication?:: No
Request for Non-Publication?:: Yes
Total Drawing Sheets :: 12
Small Entity?:: No
Petition included?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status: Full Capacity
Given Name:: Anne
Middle Name:: R.
Family Name:: Kopf-Sill
City of Residence:: Portola Valley
State or Province of Residence:: CA
Country of Residence:: USA
Street of mailing address:: 30 Minoca Road
City of mailing address:: Portola Valley
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94028

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status: Full Capacity
Given Name:: Andrea
Middle Name:: W.
Family Name:: Chow
City of Residence:: Los Altos
State or Province of Residence:: CA
Country of Residence:: USA
Street of mailing address:: 670 Cuesta Drive
City of mailing address:: Los Altos
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94024

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status: Full Capacity
Given Name:: Michael
Family Name:: Spaid
City of Residence:: Sunnyvale
State or Province of Residence:: CA
Country of Residence:: USA
Street of mailing address:: 693 Arbutus Avenue
City of mailing address:: Sunnyvale
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94086

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status: Full Capacity
Given Name:: J.
Middle Name:: Wallace
Family Name:: Parce
City of Residence:: Palo Alto
State or Province of Residence:: CA
Country of Residence:: USA
Street of mailing address:: 754 Los Robles Avenue
City of mailing address:: Palo Alto
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94306

CORRESPONDENCE INFORMATION

Correspondence Customer Number :: 021569
Phone number:: (650) 623-0700
Fax number:: (650) 623-0500
E-Mail address:: matt.murphy@calipertech.com

REPRESENTATIVE INFORMATION

Representative Customer Number :: 021569

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date
This application is	non-provisional of	60/262,010	01/16/01

ASSIGNEE INFORMATION

Assignee name:: Caliper Technologies Corp.
Street of mailing address:: 605 Fairchild Drive
City of mailing address:: Mountain View
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94043